

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 097830986 FILING DATE	
						APPLICANT(S) <i>Bankup-Schwarz</i>	
CLAIMS							
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.							
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TOTAL CLAIMS							

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

Application Number

09/830 986

Filing Date

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Total Indep	11					
Total Depend	48					
Total Claims	59					

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Total Indep						
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